

Marshall Child Development Center

AUTHORIZATION FOR ADMINISTERING MEDICINE



Dear Parent,

The center will not give medication to your child without your written permission. Any prescription drug sent to the center must be in its original container and clearly labeled with your Child's name, the name of the drug, and directions for administering the drug. If it is absolutely necessary for your child to be given medication while at the center, please complete the following information.

Child's Name: _____ Date: _____

Medication or Prescription Number: _____

Name of Medication: _____

Doctor's Name: _____

Time of Last Dosage at Home: _____

Please give my child the above medication at the time(s) and in the amount(s) indicated:

Time of Dosage to be Given: _____

Amount of Dosage: _____

Signature of Parent or Guardian

Date:

Staff: Indicate date, time and amount given with your signature below.

| Date | Time | Amount | Signature |
|------|------|--------|-----------|
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Signature of Director

Date: